



COMMONWEALTH OF KENTUCKY
ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
<http://www.sos.ky.gov>

Registration or Renewal of Name
(Foreign Limited Liability Partnership or
Foreign Limited Partnership)

RLP

Pursuant to the provisions of KRS 362, the undersigned applies for registration or renewal of name and, for that purpose, submits the following statement:

1. The activity request is:

- ☐ Registration
☐ Renewal

2. The name of the partnership is _____.

3. The state or country of organization is _____.

4. The date of organization is _____.

5. Per KRS 362.2-123(c), a limited partnership must provide a brief description of the nature of the business in which it is engaged:

6. The name and mailing address of the applicant is:

Street Address or Post Office Box Numbers	City	State	Zip
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I certify that, as of the date of filing this application, the above named foreign limited liability partnership validly exists as a partnership under the laws of the jurisdiction of its formation. I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

Signature of Partner

Printed Name

Date

**FILING INSTRUCTIONS
REGISTRATION OR RENEWAL OF NAME FOR A FOREIGN
LIMITED LIABILITY PARTNERSHIP OR LIMITED PARTNERSHIP**

REGISTRATION OR RENEWAL

If the limited partnership/limited liability partnership is applying for renewal of registration of partnership name, check appropriate block. Please note: A registered name is effective when filed with the Secretary of State and expires on December 31st of the same year. A registered name may be renewed for successive years between October 1st and December 31st of the preceding year. When the renewal is effective, it renews the partnership name registration for the following calendar year.

NAME

Use the exact name of the partnership as registered on file with the Office of the Secretary of State.

DATE OF ORGANIZATION

The date the partnership was formed and the state or country of its formation.

NATURE OF BUSINESS

The partnership must give a brief description of the nature of the business in which it is engaged.

WHO MAY SIGN

The registration must be signed by a partner.

NUMBER OF COPIES

When filing online with the FastTrack system, no copies are required. If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

All documents will be sent to the return address on the outer envelope. If no address is found, the documents will be sent to the principal office. If the applicant wishes for correspondence from the Office of the Secretary of State to be sent to someone other than those above, a request must be submitted in writing affirming that request. All other communication and notification shall follow the process prescribed in Kentucky Revised Statute.

FILING FEE

The filing fee for this document is \$36.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Elaine N. Walker
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.